

**(Insert Local Area name here) Workforce Development Board
Local Area Incumbent Worker Application Assessment**

BUSINESS:**DATE OF REVIEW:****DUE DATE OF ASSESSMENT FOR BUSINESS NOTIFICATION OF AWARD:**

Training Topic(s):

Amount Requested:

Collaborative Grant? ☐ Yes ☐ NoApplication version: 1st submission 2nd submission 3rd submission

QUESTION	ANSWER	COMMENTS
What is the structure of the business?	<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Comments:
Has the business been in operation in NC for at least twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous (insert Local WDB name) engagements with business:
Have the proposed employees to be trained been employed at the business for at least six months prior to anticipated training start date(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Has the business previously used the state-sponsored incumbent worker grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate standing: If yes, indicate previous total amount awarded:
Has the business exhausted all means of other training programs (related to the training needs outline in this application) available through the SBTDC and NC Community College's Customized Training Programs, that are available at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments regarding discussions with the SBTDC and NC Community College's Customized Training Programs:
Has the business satisfied the non-federal share requirement of the total amount requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-federal (in-kind) share from business based on number of employees: 10% ≤ total request grant funds: required. Business indicated: 25% ≤ total request grant funds: required. Business indicated: 50% ≤ total request grant funds: required. Business indicated:

Other Comments from the BSR for review committee: _____

(Local Area WDB Name here)

Guidance for Local Incumbent Worker Grants

Policy Statement PS 13-2020

LOCAL AREA INCUMBENT WORKER QUESTIONS FOR REVIEW COMMITTEE: *To be filled out by each Local Area Incumbent Worker committee member*

Business: _____

Committee Member Name: _____

QUESTION	ANSWER	COMMENTS
1. The training(s) addresses the skills gaps of an employee or group of employees.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
2. The training(s) will result in increased productivity, OR profitability, OR competitiveness, OR sustainability of the applicant.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
3. The training(s) will result in retention and/or promotion of the designated employee(s) to be trained.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
4. The training(s) proposed falls within the reimbursable requirements outlined in the Incumbent Worker Policy.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
5. The training topic is clearly aligned to the training need outlined in the application.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
6. The training provider has strong qualifications related to this training topic.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
7. The amount requested is reasonable in terms of the training topic(s) and the non-federal share is fairly evaluated.	Strongly agree (11-15 points) <input type="checkbox"/> Agree (6-10 points) <input type="checkbox"/> Disagree (1-5 points) <input type="checkbox"/> Strongly Disagree (0 points) <input type="checkbox"/>	
If the training(s) will result in new certification(s) for the employee(s), add 15 points to your total score.		
TOTAL POINTS: Click or tap here to enter text.		Overall Comments:

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LOCAL AREA INCUMBENT WORKER TOTAL SCORING DESIGNATION

QUESTIONS & SCORING DESIGNATIONS	COMMITTEE MEMBER SCORES		COMMENTS	AVERAGE
Strongly agree (11-15 points) Agree (6-10 points) Disagree (1-5 points) Strongly Disagree (0 points)	The scores below reflect each member's evaluation of the application as it pertains to the assigned question. A minimum of three (3) scorers required for each evaluation.		<p>If the average requirement and total score requirement is satisfied (application is thus approved for funding), applicants have the option to address the comments below by communicating with the BSR (it is not a requirement that this issues/question be addressed by the applicant).</p> <p>If the average requirement and total score requirement is not satisfied (application is not approved for funding), applicants are encouraged to resubmit their applications by resolving the comments below in order for the application to be received for a second scoring.</p>	<p>Applications that receive a total average that is 70% or higher of the maximum score (105), and do not receive an average between 0-5 on any of the questions will be awarded. <u>Therefore, applications with a total of 73.5 or above will be awarded*</u>.</p> <p><i>*An average between 0-5 on ANY element will result in application disqualification (total score will be null). Businesses can revise and resubmit for another scoring.</i></p>
1. The training(s) addresses the skills gaps of an employee or group of employees.		<div><div></div><div></div><div></div></div>		
2. The training(s) will result in increased profitability, competitiveness, sustainability, etc. of the business.		<div><div></div><div></div><div></div></div>		
3. The training(s) will result in retention and/or promotion of the employee(s).		<div><div></div><div></div><div></div></div>		

4. The training(s) proposed falls within the reimbursable requirements outlined in the business guidelines.				
5. The training topic is clearly aligned to the training need outlined in the application.				
6. The training provider has strong qualifications related to this training topic,				
7. The amount requested is reasonable in terms of the training topic(s) and the non-federal share is fairly evaluated.				
<i>Number of extra points for certification(s) resulting from training.</i>				Total extra points:
			Comments from Business Services Representative:	TOTAL: Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No